### IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF VIRGINIA Roanoke Division

LORENZA G. FEREBEE, JR.,

Plaintiff,

V.

CASE NO. 7:19-cv-00628

WARDEN C. MANIS, et al.,

Defendants.

#### **AFFIDAVIT**

State of Virginia, County of Wise, to-wit:

C. COLLINS, R.N.C.A., first being duly sworn, states as follows:

- 1. I am a Registered Nurse at Wallens Ridge State Prison ("Wallens Ridge").
- 2. The information contained in this affidavit is based on personal knowledge and records maintained in the regular and ordinary course of business.
- 3. I am generally aware that Lorenza Ferebee, #1072698, has filed litigation in which he claims that he has been exposed to black mold in Wallens Ridge's B-1 housing unit since his arrival at this facility in February 2019.
- 4. A review of Ferebee's medical progress notes indicates that since his arrival at Wallens Ridge, Ferebee's primary medical concerns have been facial acne and hypertension. He has not been seen by medical staff for any complaints regarding breathing problems, shortness of breath, hurting lungs, coughing up blood or mold/mildew in his housing unit. A copy of the

relevant portion of Ferebee's medical progress notes is attached as Enclosure A.

C. COLLINS, R.N.C.A.

Charles Calli RICA

Sworn and subscribed to before me, a Notary Public, in and for the State of Virginia, County of Wise, on this \_350 day of April, 2020.

Kinherty D. Williams Notary Public 3 D. Williams December 31, 2022

My commission expires:





Health Services Complaint and Treatment Form 720\_F17\_7-12

Facility:	Wallens Ridge State Prison			
Offender Name:	Ferchee	Lorenzo	Number:	1072698
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Chronic Disease Clinic Follow-Up	Inabate Name: hold of Light	70
	Number: Institu	tion: WRSP
List chronic atsenses	10/2010	· · · · · · · · · · · · · · · · · · ·
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2) 4)	1.6	
Attach pharmacy profile or list current medications:		4
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Subjective:		
Asthma: # attacks in last month?	izure disorder: # seizures since last visit?	
# short acting beta agonist canisters in last month? Dis # times awakening with asthma symptoms per week? We	abetes mellitus: # of hypoglycemic reactions s eight loss/gain       #lbs	ince last visit?
	Palpitations? Ankle edema?	
HIV/HCV (Y/N): Nausea/vomiting? Abdominal pain/	swelling? Diarrhea? Rasi	nes/lesions?
For all diseases, since last visit, describe new symptoms:		
JORKE		
		•
Patient adherence (Y/N); with medications? with d	liet?with exercise?	1
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Lungs:	GU/rectal:	
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		ther:
Education provided: Nutrition Exercise Smoking T	est results Medication management 0	Other:
Referral (list type): Specialist:	Chronic care program:	•
# days to next visit?	Discharged from CCC: [name]	1
Agrange Level Provider Signature:	Date:	119
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NCCHC (11/06) This form is provided for the public domain and maybe	rreely copied and used.	Page 1





Health Services Complaint and Treatment Form 20\_F17\_7-12

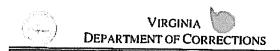
Facility:	Wallens Ridge State Prison			
Offender Name:	ereber Lovemo	Number: 1077498		
Date/Time	Complaint and Treatment	Signature and Title		
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# VIRGIN DEPARTMENT OF CORRECTIONS

Intra-system Transfer wiedical Review, DOC 726-B 720\_F9\_10-18

Intr	a-system Transfer Mo	edical Review, DO	C 726-B
Ferebel OV	enzo 10	PAR SPURCEP	lease Date  333  ATTAINS OF Date
Received At WRSP	ROS Pom	#Medical Char	WKDA
Medical Code A 9	Location Code	Mental Health Code  MH 1	Last HIV (Date and Results) 2-5-08 NR
Last TST (Date and Resul 3-8-18 -			us, Diphtheria, Pertussis (Td or Tdap)
Vital	Signs		Special Diet
Temperature: 97.6 Pulse: S Weight: Blood pressure		Yes: No: Type:	Date:
	Current	Medications	
Drug	Amount Sent	Drug_	Amount Sent
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Disability (Explain):			
Mental Health Screening:  1. Present suicidal ideations:  2. History of suicidal behavions:  3. Presently prescribed psychemical security of suicidal behavions:  4. Any current M. H. complete:  5. History of inpatient/outpation of the security of substance and security of substance and substance	or/self directed violence? No hotropic medications? No hotropic medications? No hints? No Yes: tient mental health treatment? atment? No Yes: or drugs (frequency, amount, last abuse? No Yes: abuse disorder treatment? No yehosis Depression Anx	Yes:  No Yes:  use)? PNo Yes:  Yes:  Aggression	None noted
Overall Comments: (i.e gen  P+ P+OX4 1 100 occurred  Medical Disposition of Offi  General Population: GP with H  Infirmary: Medical Observation	9:54c56,470uma, o. & ender: lealth/MH Referral:□ Intake/R	formly , needs.	ition) physical deformities, abuse, trauma, etc.)  waterally affers ata  ion with Health/MH Referral:
Emergency referral for MH Care:	(Name of QMHP notified)	Date:	Time:
Referral for Emergency Treatments			
Nurse Signature/Date:		Medical Handout Orien  Dental Hygiene Handou	and the control of th

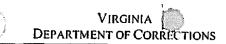


Health Services Complaint and Treatment Form 720\_F17\_7-12

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Offender Name:	Ference, Erenco	Number: 1572698
Date/Time	Complaint and Treatment	· Signature and Title
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Thronic Disease Clinic Foxow-Up	Offender Name: Ferebee Lorenzo
	Number: 1072698 Facility: WRSP
List chronic diseases:	
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List current medications:	
Subjective: (Yes or No)	
Asthma: # attacks in last month?	
# short acting beta agonist canisters in last month?  # times awakening with asthma symptoms per week?	Seizure disorder: # seizures since last visit?
Any wheezing? Any night sweets?	Diabetes mellitus: # of hypoglycemic reactions since last visit?
Any systemic steroids use?Any hemoptysis?	Weight loss/gain 1.7 #lbs Any orthopnea?
CV/hypertensioh (Y/N): Chest pain?   SOB?	Palpitations? Ankle or leg edema?
Any systemic steroids use? Any hemoptysis?  CV/nypertension (Y/N): Chest pain? SOB?  Any dizziness since last appointment? Any foot pro  Any blurred vision? Any claudication?	blems since last appointment?
Rashes/Lesions? Any abdominal pain/swell	ing? Any nausea/vomiting?
For all diseases, since last visit, describe new symptoms:	;
Doc well	
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Patient adherence (V/N); with medications? Vital signs: Temp 7. BP Pulse 78 Res	th follow up appointments? with diet? with diet?
772	sp_s wt_[specific Pain scale
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Thurst Full	
Past Labs: Hgb A1C BMP CMP INR Trig Hct Hgb AST Micro albumin UA CBC	
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Past Labs: Hgb A1C BMP CMP INR Trig Hct Hgb AST Micro albumin UA CBC Drug level: Oth  Range of fingerstick glucose: BP m  Procedure: Annual Funduscopic eye exam completed □ Yes □ No □ N/A Annual dilated eye exam completed □ Yes □ No □ N/A Annual foot exam completed □ Yes □ No □ N/A  E:  HEENT/neck: Heart: Lungs: Abdomen:  Assessment Diagnosis:	CD4Total CholLDLHDLALTBUNCreatinineEKGLFTFibroscan score:
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Plan/Orders:		
Medication:	<u>.</u>	
Diagnostics/Procedure	s:	
Labs:		
Special needs:	Work Code	
☐ Administer Influenza	a vaccine	•
Monitoring: BP:	X day/week/month Accucheck:X day/w	/eek/month Peak flow:
Offender questioned reg	garding presence of depression and suicidal thoughts w	hile on seizure therapy? (I Ves. (I No. (I N/A
Education provided	: D Nutrition Exercise D Smoking D Test results	Medication management Lab results
Referral: (list type & p	priority level): Specialist:	
#Days to next visit?	□ 1 year (180 □ 90 □ 60 □ 30 □ Other:	
Additional information		
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Provider Signature:	WENG MAD	Date: 1 - / 2 - 2 - 2 - 2



Health Services Complaint reatment Form 720\_F17\_7-12

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Offender Name:	Ferchce	Lorenzo	Number:	1072698
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